

DECLARATION UNDER 35 USC §371(c)(4) FOR PCT APPLICATION FOR UNITED STATES PATENT

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below under my name;

I verily believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought, namely the invention entitled:

OPHTHALMIC AND OPHTHALMOLOGICAL USE OF A COMPLEX NUTRITIVE BASE IN AN AQUEOUS MEDIUM

described and claimed in international application number PCT/FR03/03917 filed December 26, 2003.

I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose to the Office all information known to me to be material to patentability as defined in Title 37, Code of Federal Regulations §1.56.

Under Title 35, U.S. Code §119, the priority benefits of the following foreign application(s) filed by me or my legal representatives or assigns within one year prior to my international application are hereby claimed:

French Patent Application No. 02.16722, filed December 26, 2002

The following application(s) for patent or inventor's certificate on this invention were filed in countries foreign to the United States of America either (a) more than one year prior to my international application, or (b) before the filing date of the above-named foreign priority application(s):

ALL CORRESPONDENCE IN CONNECTION WITH THIS APPLICATION SHOULD BE SENT TO OLIFF & BERRIDGE, PLC, CUSTOMER NUMBER 25944, TELEPHONE (703) 836-6400.

I hereby declare that I have reviewed and understand the contents of this Declaration, and that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

1	Typewritten Full Name of Sole or First Inventor:	<div style="border-bottom: 1px solid black; display: inline-block; width: 100%;"> <div style="display: flex; justify-content: space-between; width: 100%;"> Jean-Noël THOREL </div> <div style="display: flex; justify-content: space-between; width: 100%;"> Given Name Middle Initial Family Name </div> </div>		
2	Inventor's Signature:	<div style="border-bottom: 1px solid black; display: inline-block; width: 100%;"> </div>		
3	Date of Signature:	<div style="border-bottom: 1px solid black; display: inline-block; width: 100%;"> <div style="display: flex; justify-content: space-between; width: 100%;"> 8/07/05 </div> <div style="display: flex; justify-content: space-between; width: 100%;"> Month Day Year </div> </div>		
	Residence:	<div style="border-bottom: 1px solid black; display: inline-block; width: 100%;"> <div style="display: flex; justify-content: space-between; width: 100%;"> PARIS </div> <div style="display: flex; justify-content: space-between; width: 100%;"> City State or Province Country </div> </div>		
	Citizenship:	<div style="border-bottom: 1px solid black; display: inline-block; width: 100%;"> <div style="display: flex; justify-content: space-between; width: 100%;"> French </div> </div>		
	Post Office Address: (Insert complete mailing address, including country)	<div style="border-bottom: 1px solid black; display: inline-block; width: 100%;"> <div style="display: flex; justify-content: space-between; width: 100%;"> 3 rue La Rochelle </div> <div style="display: flex; justify-content: space-between; width: 100%;"> F-75014 PARIS, France </div> </div>		

Note to Inventor: Please sign name on line 2 exactly as it appears in line 1 and insert the actual date of signing on line 3.

IF THERE IS MORE THAN ONE INVENTOR USE PAGE 2 AND PLACE AN "X" HERE ☒
(Discard this page in a sole inventor application)

Hugues		GATTO	
Given Name	Middle Initial	Family Name	
Month	Day	Year	
SAINT-PAUL		France	
City	State or Province	Country	
Address: 1, Rue du Plan de Castres			
Mailing (country) F-06570, SAINT-PAUL, France			

Given Name	Middle Initial	Family Name
Month	Day	Year
City	State or Province	Country
Address: (mailing g country)		

Given Name	Middle Initial	Family Name
Month	Day	Year
City	State or Province	Country
Address: (Mailing address, if different from home country)		

Given Name	Middle Initial	Family Name
Month	Day	Year
City	State or Province	Country
Address: _____ (including mailing zip code and country)		

Note to Inventor: Please sign name on line 2 exactly as it appears in line 1 and insert the actual date of signing on line 3.

This form may be executed only when attached to the first page of the Declaration and Power of Attorney of the application to which it pertains.

DECLARATION UNDER 35 USC §371(c)(4) FOR PCT APPLICATION FOR UNITED STATES PATENT

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below under my name;

I verily believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought, namely the invention entitled:

OPHTHALMIC AND OPHTHALMOLOGICAL USE OF A COMPLEX NUTRITIVE BASE IN AN AQUEOUS MEDIUM

described and claimed in international application number PCT/FR03/03917 filed December 26, 2003.

I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose to the Office all information known to me to be material to patentability as defined in Title 37, Code of Federal Regulations §1.56.

Under Title 35, U.S. Code §119, the priority benefits of the following foreign application(s) filed by me or my legal representatives or assigns within one year prior to my international application are hereby claimed:

French Patent Application No. 02.16722, filed December 26, 2002

The following application(s) for patent or inventor's certificate on this invention were filed in countries foreign to the United States of America either (a) more than one year prior to my international application, or (b) before the filing date of the above-named foreign priority application(s):

ALL CORRESPONDENCE IN CONNECTION WITH THIS APPLICATION SHOULD BE SENT TO OLIFF & BERRIDGE, PLC, CUSTOMER NUMBER 25944, TELEPHONE (703) 836-6400.

I hereby declare that I have reviewed and understand the contents of this Declaration, and that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

1	Typewritten Full Name of Sole or First Inventor:	Jean-Noël	THOREL
		Given Name	Family Name
2	Inventor's Signature:		
3	Date of Signature:		
		Month	Day
	Residence:	PARIS	Year
		City	France
	Citizenship:	French	Country
		State or Province	
	Post Office Address: (Insert complete mailing address, including country)	3 rue La Rochelle	
		F-75014 PARIS, France	

Note to Inventor: Please sign name on line 2 exactly as it appears in line 1 and insert the actual date of signing on line 3.

IF THERE IS MORE THAN ONE INVENTOR USE PAGE 2 AND PLACE AN "X" HERE ☒
(Discard this page in a sole inventor application)

1 **Typewritten Full Name
of Joint Inventor:**

Hugues

GATTO

2 **Inventor's Signature:**

Given Name

Middle Initial

Family Name

3 **Date of Signature:**

Month

Day

Year

Residence:

SAINT-PAUL

City

State or Province

France

Country

Citizenship:

French

Post Office Address:

1, Rue du Plan de Castres

(Insert complete mailing
address, including country)

F-06570, SAINT-PAUL, France

1 **Typewritten Full Name
of Joint Inventor:**

Given Name

Middle Initial

Family Name

2 **Inventor's Signature:**

3 **Date of Signature:**

Month

Day

Year

Residence:

City

State or Province

Country

Citizenship:

Post Office Address:

(Insert complete mailing
address, including country)

1 **Typewritten Full Name
of Joint Inventor:**

Given Name

Middle Initial

Family Name

2 **Inventor's Signature:**

3 **Date of Signature:**

Month

Day

Year

Residence:

City

State or Province

Country

Citizenship:

Post Office Address:

(Insert complete mailing
address, including country)

1 **Typewritten Full Name
of Joint Inventor:**

Given Name

Middle Initial

Family Name

2 **Inventor's Signature:**

3 **Date of Signature:**

Month

Day

Year

Residence:

City

State or Province

Country

Citizenship:

Post Office Address:

(Insert complete mailing
address, including country)

Note to Inventor: Please sign name on line 2 exactly as it appears in line 1 and insert the actual date of signing on line 3.

This form may be executed only when attached to the first page of the Declaration and Power of Attorney of the application to which it pertains.